

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bus Bank			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016		
Mailing Address 820 West Jackson Suite 815			Amount 65600.00		
City Chicago	State IL	Zip Code 60607	Transaction ID : D710703		
Purpose of Expenditure Bus tour expense		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2016		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		78123.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016		
Mailing Address 155 Grand Avenue			Amount 100.00		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710711		
Purpose of Expenditure Online Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		78123.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65700.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 16 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
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Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710713
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 78123.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710714
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 78123.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016	
Mailing Address 820 West Jackson Suite 815		Amount 12273.95	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710723
Purpose of Expenditure Bus tour expense	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 16 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12273.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	78123.95

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